

City of Brighton, Michigan
Application For Street Occupancy Permit

Date: _____

Name of Applicant: _____

Home Address: _____

Phone Number: _____

Location of Proposed Street Occupancy: _____

What is the name of the owners and occupants of the business directly adjacent to the area that you wish to use: _____

Applicant's Business Name: _____

Business Address: _____

Business Phone Number: _____

Description of Reason for Street Occupancy Permit: _____

Will you be selling liquor, beer or wine? _____

What are the dates and duration of the proposed street occupancy?: _____

State time which you expect to do business: From _____ to _____.

Has applicant ever been convicted of any crime or violation of a Municipal Ordinance?

Yes _____ NO _____.

If answer is Yes, explain the nature of the offense and the penalty assessed:

Will the business pose any health or safety hazards: _____

The following items must be included at the time of the application:

1. Signed permit application.
2. Proof of liability insurance, naming the City as an insured, in an amount and form approved by the City Manager.
3. Plans drawn to scale of proposed outside use, including all furniture, seating and storage detail and locations. This must include details of items being stored.
4. If alcoholic beverages are sold, attach written verification from the Liquor Control Commission, that it has approved the sale of such items.

I have received a copy of, have read and understand Ordinance #370 regarding Street Occupancy Permits. I understand that the proposed street occupancy permit shall be issued if the City Council determines that the occupancy meets all specifications as listed in Ordinance #370.

Applications for Street Occupancy Permits in the City of Brighton shall NOT be approved for applicants in default to the City. Therefore, each Application for Street Occupancy Permit shall be routed to the Finance Department for a determination of any defaults to the City. In the event a default to the City

exists, the Application shall be disapproved by the Finance Department, with the nature of the default described as the reason of the disapproval.

The undersigned does hereby certify, under oath, that he has read the above and foregoing application and that all facts and information stated in said application is true of his own knowledge. The undersigned does further warrant that no misrepresentation of fact is contained in the foregoing application and does hereby assume responsibility for any damage arising out of any false or inaccurate statement.

Signature _____

State of Michigan)

County of Livingston)

Subscribed and sworn to before me this _____ day of _____, 200__.

Notary Public, Livingston County, Michigan

My commission expires_____.

A license, if issued must be carried so as to be shown on demand.

The license is subject to revocation for cause.

Approvals/Disapprovals and Reasons:

CD/Planning Director _____ Date _____

On-Site Inspection: (circle one) Meets / Does Not Meet Requirements

If not why?: _____

Parking: (circle one) Meets / Does Not Meet Requirements

If not why?: _____

Zoning: (circle one) Meets / Does Not Meet Requirements

If not why?: _____

Police Department Signature _____ Date _____

(circle one) Approval / Disapproval

If Disapproval why?: _____

Fire Department Signature _____ Date _____

(circle one) Approval / Disapproval

If Disapproval why?: _____

DPS Director Signature _____ Date _____

(circle one) Approval / Disapproval

If Disapproval why?: _____

Finance Director Signature _____ Date _____

Taxes: _____ Current _____ Delinquent

Utility Billing: _____ Current _____ Delinquent

A/R: _____ Current _____ Delinquent

(circle one) Approval / Disapproval

If Disapproval why?: _____

City Manager Signature _____ Date _____

Action by City Council on _____

Permit # _____

SIDEWALK CAFÉ MONTHLY INSPECTION FOLLOW UPS

BUSINESS NAME: _____

BUSINESS ADDRESS: _____

CAFÉ PERMIT APPROVED FROM: _____ **TO:** _____

(Date)

(Date)

ANY FURTHER DETAILS REGARDING APPROVAL OF CAFÉ: _____

DEPARTMENT PERFORMING INSPECTIONS: (Circle One)

POLICE

OR

COMMUNITY DEVELOPMENT

Date of Inspection: _____ Inspected by: _____

(Circle One) Continues to Meet Requirements

No Longer Meets Requirements

Explanation: _____

Date of Inspection: _____ Inspected by: _____

(Circle One) Continues to Meet Requirements

No Longer Meets Requirements

Explanation: _____

Date of Inspection: _____ Inspected by: _____

(Circle One) Continues to Meet Requirements

No Longer Meets Requirements

Explanation: _____

Date of Inspection: _____ Inspected by: _____

(Circle One) Continues to Meet Requirements

No Longer Meets Requirements

Explanation: _____

Date of Inspection: _____ Inspected by: _____

(Circle One) Continues to Meet Requirements

No Longer Meets Requirements

Explanation: _____